

<i>SERFF Tracking Number:</i>	<i>CFAP-125735857</i>	<i>State:</i>	<i>District of Columbia</i>
<i>Filing Company:</i>	<i>Group Hospitalization and Medical Services, Inc.</i>		
<i>Company Tracking Number:</i>	<i>1153</i>		
<i>TOI:</i>	<i>H10I Individual Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10I.000 Health Dental</i>
<i>Product Name:</i>	<i>Filing #1153 GHMSI DC Indiv 65+ Regional Dental PPO</i>		
<i>Project Name/Number:</i>	<i>DC Indiv 65+ Regional Dental PPO 200809 eff/1153</i>		

Filing at a Glance

Company: Group Hospitalization and Medical Services, Inc.

Product Name: Filing #1153 GHMSI DC Indiv 65+ Regional Dental PPO
 SERFF Tr Num: CFAP-125735857 State: District of Columbia

TOI: H10I Individual Health - Dental

SERFF Status: Closed-APPROVED State Tr Num:

Sub-TOI: H10I.000 Health Dental

Co Tr Num: 1153

State Status:

Filing Type: Rate

Reviewer(s): Laszlo Pentek

Authors: Dwayne Lucado, Todd

Disposition Date: 08/26/2008

Switzer, Katheryn Barron

Date Submitted: 07/17/2008

Disposition Status: APPROVED

Implementation Date Requested: 09/01/2008

Implementation Date:

General Information

Project Name: DC Indiv 65+ Regional Dental PPO 200809 eff

Status of Filing in Domicile:

Project Number: 1153

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/26/2008

Explanation for Other Group Market Type:

State Status Changed:

Deemer Date:

Created By: Katheryn Barron

Submitted By: Katheryn Barron

Corresponding Filing Tracking Number:

Filing Description:

This filing contains the rate proposal for Group Hospitalization and Medical Services, Inc. dba CareFirst BlueCross BlueShield's Individual 65+ regional PPO limited dental product, Individual Select Preferred. This filing is intended to replace the previous filing for this product (SERFF Tracking Number CFAP-125488818, effective May 1, 2008). Our goal is to offer this product with the same rates in both Virginia and the District of Columbia. We have made adjustments to the VA rates and would like to refile this product in DC with the new rates. The benefit design remains the same as in the previous filing. The new effective date is September 1, 2008. Please refer to the Cover Letter / Explanatory Memorandum (Supporting Documentation) and Actuarial Memorandum (Rate/Rule Schedule) for more details.

Company and Contact

SERFF Tracking Number: CFAP-125735857 State: District of Columbia
Filing Company: Group Hospitalization and Medical Services, Inc.State Tracking Number:
Company Tracking Number: 1153
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health Dental
Product Name: Filing #1153 GHMSI DC Indiv 65+ Regional Dental PPO
Project Name/Number: DC Indiv 65+ Regional Dental PPO 200809 eff/1153

Filing Contact Information

Katheryn Barron, Actuarial Assistant katheryn.barron@carefirst.com
10455 Mill Run Circle 410-998-5716 [Phone]
Owings Mills, MD 21117 410-720-5946 [FAX]

Filing Company Information

Group Hospitalization and Medical Services, CoCode: 53007 State of Domicile: District of
Inc. Columbia
840 First Street NE Group Code: Company Type: Hospital, Medical &
Washington, DC 20065 Group Name: Dental Service or Indemnity
(410) 581-3000 ext. [Phone] FEIN Number: 53-0078070
----- State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

SERFF Tracking Number: CFAP-125735857 State: District of Columbia
Filing Company: Group Hospitalization and Medical Services, Inc.State Tracking Number:
Company Tracking Number: 1153
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health Dental
Product Name: Filing #1153 GHMSI DC Indiv 65+ Regional Dental PPO
Project Name/Number: DC Indiv 65+ Regional Dental PPO 200809 eff/1153

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Actuarial Justification Comments: Attachment: Actuarial Certification 07.17.08.pdf	APPROVED	08/26/2008

	Item Status:	Status Date:
Satisfied - Item: Cover Letter / Explanatory Memorandum Comments: Attachment: 1153 Ind65+ Dental Cover Letter Revised.pdf	APPROVED	08/26/2008

	Item Status:	Status Date:
Satisfied - Item: NAIC Transmittal Document Comments: Attachment: 1153 NAIC Transmittal Doc.pdf	APPROVED	08/26/2008

ACTUARIAL CERTIFICATION

I, Dwayne Lucado, am a Pricing Actuary with Group Hospitalization and Medical Services, Inc. (GHMSI) doing business as CareFirst BlueCross BlueShield and a member of the American Academy of Actuaries. I have been involved in the development of these rates.

To the best of my knowledge and judgment, this rate filing complies with applicable laws and regulations of the District of Columbia and produces premiums that are reasonable in relation to benefits provided.

Dwayne Lucado, FSA, MAAA
Senior Actuarial Associate
CareFirst BlueCross BlueShield
Mail Drop-Point 01-780
Pricing Department
10455 Mill Run Circle
Owings Mills, MD 21117

July 17, 2008

Mr. Laszlo Pentek
Actuary
Government of the District of Columbia
Department of Insurance, Securities and Banking
Insurance Products Division
810 First Street, NE, Suite 701
Washington, DC 20002-8023



Re: Group Hospitalization and Medical Services, Inc. (GHMSI) dba
CareFirst BlueCross BlueShield
NAIC# 53007, FEIN# 53-0078070
Individual 65+ Business
Dental Coverage
Company Filing # 1153

Dear Mr. Pentek:

Attached for your review is the actuarial memorandum for Individual Select Preferred, a new limited dental regional PPO product for GHMSI Individual 65+ business, with an effective date of September 1, 2008. This filing is intended to replace the previous filing for this product (Company Filing # 1071), which had an effective date of May 1, 2008. Our goal is to offer this product with the same rates in both Virginia and the District of Columbia. We have made adjustments to the VA rates and would like to refile this product in DC with the new rates. We have lowered the projected claims trend from 5.0% (in the original filing) to 3.5%. We have also lowered the "Individual & Adult" tier factor from 2.35 to 2.00. There have been no changes to the benefit design. The attached filing includes the new proposed rates with the delayed implementation date. Please refer to pages 3-5 of the actuarial memorandum for the revised development of the rates.

Please note that the "Annual Billing" premiums shown on page 7 are paid once per year, due with the enrollment application. The "Semi-Annual Billing" premiums shown are paid semi-annually. In our original filing, the rates were presented in the form of monthly premiums, with the member paying six or twelve months at a time. We feel that this revised presentation of the rates is clearer. The tiered annual rates are determined by multiplying the tiered monthly rates shown on page 3 by twelve. The semi-annual rates are determined by multiplying the tiered monthly rates by six and adding the semi-annual billing administrative surcharge of \$5.00. The original filing showed the breakdown of this administrative surcharge per month, rounded to the nearest cent (\$0.83 per month in total).

Please also note that we have changed the heading of "Individual, Medigap" to "Individual 65+" since the "65 and over" Individual Select Preferred regional dental product is not a Medigap product. We have elected to file rates for individuals under 65 and individuals 65+ separately to be consistent with our medical products. Our intention is to treat the Individual Select Preferred regional dental product as one product across the individual market, regardless of age.

The form numbers affected by this memorandum are as follows:

DC/GHMSI/DB/IEA-DENTAL (2-08)

DC/GHMSI/DB/DOCS-DENTAL (2-08)

DC/GHMSI/DB/ES-DENTAL (2-08)

If you have any questions or concerns, please contact me at (410) 998-7519.

Sincerely,

Dwayne Lucado, F.S.A., M.A.A.A.
Senior Actuarial Associate

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of						
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
4.	Contact Name & Address	Telephone #	Fax #		E-mail Address		
5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number						
7.	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission		Previous file # _____				
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;"> Group <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>					
9.	Type of Insurance						
10.	Product Coding Matrix Filing Code						
11.	Submitted Documents	<div style="margin-bottom: 10px;"> <input type="checkbox"/> <u>FORMS</u> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other </div> <div style="margin-bottom: 10px;"> <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div> <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div> </div>					

12.	Filing Submission Date		
13	Filing Fee (If required)	Amount _____	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval		
15.	Filing Description:		

16.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of _____.</p> <p>Print Name _____ Title _____</p> <p>Signature _____ Date: _____</p>	

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1